

DISCRIMINATION COMPLAINT FORM

TO: Title IX/504/ADA Coordinator – Keni Iverson, Assistant Superintendent
Alternate Coordinator – Jillian Douthit, Executive Director of Operations

FROM: Name of Grievant _____

Address/Telephone # _____

DATE OF ALLEGED VIOLATION: _____

NATURE OF ALLEGED VIOLATION:

NAMES OF PERSONS RESPONSIBLE:

REQUESTED ACTION:

Date Complaint Filed With Coordinator: _____

Please use reverse of this form or attach additional sheets if necessary.

(Complaint must be submitted within 30 days of alleged violation.)